

Case Number:	CM15-0105677		
Date Assigned:	06/09/2015	Date of Injury:	07/02/2007
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old female, who sustained an industrial injury on 7/2/2007. Diagnoses have included displacement of lumbar intervertebral disc without myelopathy, other affections of shoulder region not elsewhere classified and thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included lumbar fusion, bilateral sacroiliac joint diagnostic and therapeutic block and medication. According to the progress report dated 10/16/2014, the injured worker was status post posterior lumbar fusion with some complications due to infection. She reported improved low back pain, still with a small opening in the wound. She reported improvement on the left since the surgery; the right side was still very painful. She complained of low back pain radiating to the bilateral leg and foot, more on the right. She rated her pain as 4/10 with medications and 6/10 without medications. She ambulated with an antalgic gait. Exam of the lumbar spine revealed limitations in range of motion. There was severe tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with lumbar paraspinal spasms. There was positive lumbar facet loading maneuvers bilaterally. Sensation was decreased to light touch, pinprick in the left L4, L5 and S1 dermatomal distribution. Authorization was requested for Terocin patches, Flurbi (Nap) cream and Genicin.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Terocin Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The patient is a 52-year-old female who sustained an injury in July of 2007. She has subsequently been diagnosed with lumbar disease without myelopathy, lumbosacral radiculitis. Treatment has included surgical lumbar fusion, sacroiliac block and medications. She subsequently developed an infection and developed a post-surgical open wound. The request is for the use of Terocin Patches, which is a combination of medications including lidocaine, salicylate, menthol, and capsaicin. The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Lidocaine is indicated in neuropathic pain. Specifically Lidoderm patches are the only topical approved formulation for neuropathic pain. The MTUS guidelines state "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." As such, the product request would not be approved for use and is not medically necessary.

Flurbi (NAP) cream 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient is a 52 year old female who sustained an injury in July of 2007. She has subsequently been diagnosed with lumbar disease without myelopathy, lumbosacral radiculitis. Treatment has included surgical lumbar fusion, sacroiliac block and medications. She subsequently developed an infection and developed a post-surgical open wound. The request is for the use of Flurbiprofen cream to aid in pain relief. The MTUS guidelines state that the following for topical NSAID therapy: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The location of treatment as well as duration of use after injury of this product would make it not indicated for use in this case and not medically necessary.

Genicin 500mg #90 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50-51.

Decision rationale: The patient is a 52 year old female who sustained an injury in July of 2007. She has subsequently been diagnosed with lumbar disease without myelopathy, lumbosacral radiculitis. Treatment has included surgical lumbar fusion, sacroiliac block and medications. She subsequently developed an infection and developed a post-surgical open wound. The request is for the use of Genicin which has the active ingredient glucosamine. The MTUS guidelines state that glucosamine is indicated in cases of osteoarthritis of the knee. There is insufficient documentation revealing that the patient suffers from this condition. As such, the request is not certified or medically necessary.